

Table 1. Methods of Cystotomy Repair and Follow-Up According to Type of Injury⁵⁷

INJURY TYPE	MANAGEMENT	FOLLOW-UP
Pinpoint full-thickness serosal injury only	Expectant management	Routine
Non-trigonal ≤ 1 cm	Primary repair or expectant management	Urinary catheter decompression $\times 1$ week
Non-trigonal > 1 cm	Primary repair, 1-2 layers \pm closed suction drain	Urinary catheter decompression $\times 1-2$ weeks \pm cystogram
Trigonal complicated, necrotic or infected injury	Specialist consultation repair, possible stenting or reimplantation, closed-suction drain	Urinary catheter decompression $\times 1-2$ weeks, Possible stenting CT cystogram